

The LIFT ADA PROGRAM CERTIFICATION FORM

Please complete this application as thoroughly as possible and to the best of your ability. If there are questions you do not understand, please call **The LIFT** (613-3435) for assistance before returning this form. In order to be considered complete, every question on the application must be answered.

The purpose of the application is to provide an opportunity for you to describe limitations you may have which prevent you from using **The BUS**. The more information you provide, the better we will understand your ability.

PART 1. GENERAL INFORMATION

Please Print:

Name: _____ Date of Birth: _____
 Last First M.I.

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Work): _____

Do you need to have information and material given to you in any of the following ways (check all that you need)?

Spanish Large Print Braille Other: _____

EMERGENCY CONTACT (OPTIONAL)

In case of an emergency we would like the name of someone to contact. Please select someone who would not be riding in the vehicle with you.

Name: _____ Relationship: _____

Phone (Home): _____ (Work): _____

PART 2. INFORMATION ABOUT YOUR MEDICAL DISABILITY AND/OR HEALTH CONDITION

Please read all of questions in this part of the application before answering. Indicate all conditions which affect your ability to use the bus.

1. General Medical Conditions

- None Cancer Diabetes
 Kidney Failure Obesity Organ Transplant
 Pneumonia Other _____

2. Bone and Joint Conditions

- None Arthritis Scleroderma
 Ankylosing Spondylitis Osteo-arthritis
 Osteoporosis Rheumatoid Arthritis
 Amputation of: (please specify) _____
 Broken Bone: (please specify) _____
 Other: _____

3. Brain/Nerves/Muscle Conditions

- None Alzheimer=s Disease Brain Injury
 Cerebral Palsy Dementia Epilepsy
 Buillain-Barre Hemiplegia Stroke
 Huntington=s Chorea Multiple Sclerosis Post Polio
 Muscular Dystrophy Parkinson=s Spina Bifida
 Paraplegia Quadraplegia
 Vertigo/Dizziness Other _____

4. Heart and Circulatory Conditions

- None Angina
 Congestive Heart Failure Edema
 Heart Attack Heart Surgery
 High Blood Pressure Peripheral Vascular Disease
 Other

5. Lung and Breath Conditions

- None Cystic Fibrosis
 Asthma Chronic Obstructive Pulmonary Disease (COPD)
 Lung Cancer Other Allergies

6. Vision/Hearing/Speech Conditions

- None Aphasia Cataracts
 Deaf Deaf-Blind Glaucoma
 Diabetic Retinopathy Glaucoma Partially Sighted
 Hard of Hearing Blindness
 Legally Blind Night Visual Field Deficit
 Other _____

7. Developmental/Mental Conditions

- None Mood Disorder
 Developmental Disability: Mild Moderate Severe
 Mental Retardation: Mild Moderate Severe
 Other

8. Is your health condition or disability temporary?

Yes How long do you expect it to last? # years _____ # months _____
How long have you had this condition or disability?

Since birth # years _____

No

9. Does your disability or health condition change from time to time in ways which affect your ability to use the bus?

Yes Please describe: _____

No

10. Please indicate below if you use any of the following mobility aids or equipment. You may check more than one:

cane long white cane manual wheelchair

crutches walker powered scooter/cart

alphabet board leg braces powered wheelchair

picture board other: _____

service animal (describe) _____

assistance of another person

I don't use any of the above aids or equipment

NOTE: We will not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 32" or if your total weight with your wheelchair is more than 600 pounds.

11. Do you require the assistance of a Personal Care Attendant (PCA) -- someone who assists you with daily life functions?

Yes, I need assistance with:

mobility reading eating transfers

medication other: _____

If you ever need another person=s assistance, what does that person do for you?

No

12. If you need the assistance of another person to travel on The LIFT, will you need that person . . .

<input type="checkbox"/> Permanently	If temporarily - how long; OR occasionally - under what circumstances? _____ _____
<input type="checkbox"/> Temporarily	
<input type="checkbox"/> Occasionally	

PERSONAL ASSISTANCE CERTIFICATION

13. initial: _____

By answering question 5 above, I certify that I need the services of a personal care attendant (PCA) to make independent travel possible. A personal care attendant (PCA) is someone designated or employed specifically to assist me with the completion of at least one daily activity on a regular basis.

A personal care attendant may ride **The LIFT** free of charge. The Americans with Disabilities Act treats a PCA as a mobility device, something that helps you accomplish your daily activities. Just as a seeing eye dog, a walking cane, or wheelchair would not be charged to ride the LIFT, a PCA is also allowed to ride free.

PART 3. YOUR FUNCTIONAL ABILITY

Your answers to the question in this section will help us better understand your functional ability in specific areas. For each question, check one answer. Your answers should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity independently.

Can you:

1. Walk up and down three (3) steps if there are handrails on both sides?
 Always Sometimes Never Not Sure
2. Use the telephone to get information?
 Always Sometimes Never Not Sure
3. Cross the street, if there are curb cuts?
 Always Sometimes Never Not Sure
4. Ride up and down a wheelchair lift with handrails on both sides?
 Always Sometimes Never Not Sure
7. Travel up or down a gradual hill on the sidewalk, if the weather is good?
 Always Sometimes Never Not Sure
8. Find your own way to the bus stop, if someone shows you the way once?
 Always Sometimes Never Not Sure
9. Are you currently able to walk or ride by yourself?
 Always Sometimes Never Not Sure
10. Can you ride the bus with the assistance of another person?
 Always Sometimes Never Not Sure

11. Does your disability or medical condition affect your ability to ride the bus when any of the following weather conditions are present.

yes

no

If YES, Check the weather conditions that apply

Extreme Heat

Extreme Cold

Heavy Rain

Ice

Snow

Other _____

If you answered **yes**, please explain why:

12. Do you wear a watch and know how to tell time? yes no

13. Please indicate below the reasons why you are seeking ADA paratransit eligibility on **The LIFT** (check all that apply):

I can use The BUS to go some places, but in other places I cannot get to or from the bus stops.

I can use county buses sometimes, but only if they are equipped with wheelchair-lifts.

Because of my disability, I can never use **The BUS**.

When was the last time you used The BUS? _____

Which route serves your neighborhood, and where is the closest bus stop? Give the route name and location (For example: Route 7, Prince Avenue, Baxter Street and Milledge Avenue). You may call Athens Transit customer service at 613-3430 for information about bus routes and bus stops in your neighborhood.

14. Can you ask for and follow written or oral instructions to use The BUS?

- Yes
- No
- Sometimes
- I don't know because I've never tried to use The BUS

NO or **SOMETIMES**, check all that apply:

- I get too confused and might get lost
- Other people cannot understand me
- I probably could with clear directions
- Other: _____

15. Are you able to get to and from bus stops on your own?

- Yes
- No
- Sometimes
- I don't know because I've never tried

NO or **SOMETIMES**, check all that apply:

- I can't get places if there are no curb-cuts
- I can't if the street or sidewalk is too steep
- I cannot cross busy streets and intersections
- I can't cross streets without crosswalks or pedestrian signals
- I get confused and cannot find my way
- I probably could with instruction
- I feel unsafe traveling alone
- Other: _____

16. Using a mobility aid (for example: a cane, guide dog, personal care attendant or wheelchair) how far can you travel from your home and how long does it take you? -
 - Check the answer that best represents abilities, only answer one (1) of the following:

How long did it take?

I cannot travel outside my home

I can get to the curb in front of my home

I can travel up to 3 blocks (3 mile)

I can travel up to 6 blocks (2 mile)

I can travel up to 9 blocks (: mile)

I can travel up to 12 blocks (1 mile)

17. Can you travel to and from your destination after you get off the bus and/or between bus stops?

Yes

No

Sometimes

I don=t know
 because
 I=ve never tried

NO or **SOMETIMES**, check all that apply:

I can=t get places if there are no curb-cuts

I can=t if the street or sidewalk is too steep

I cannot cross busy streets and intersections

I can=t cross streets without crosswalks or pedestrian signals

I get confused and cannot find my way

I probably could with instruction

I feel unsafe traveling alone

Other: _____

18. Can you wait up to 30 minutes for **The BUS** at a bus stop?

Yes

Yes, but only if the stop has a bench or shelter

Yes, but I don't like to wait that long

No, (explain): _____

19. Can you get on and off The BUS? Some buses are equipped with a **kneeler** which lowers the front step closer to the ground. Passengers who find the steps to be too high even after the bus kneels may enter and exit the bus by standing on the lift on those buses equipped with one.

Yes

No

Sometimes

I don't know because I've never tried

NO or **SOMETIMES**, check all that apply:

Only if the bus has a wheelchair lift

I cannot climb the stairs

I don't want to use the lift

I probably could with instruction

Other:

20. If you are able to get on and off **The BUS**, can you get to a seat or wheelchair position by yourself and ride the bus?

- Yes
- No
- Sometimes
- I don=t know because I=ve never tried

NO or **SOMETIMES**, check all that apply:

- I need someone to help me
- I have a balance problem
- I have trouble finding a seat
- I need the seat nearest the door
- Other:

21. If you are able to get on and off **The BUS**, do you know where to get off the bus or can you find out by yourself?

- Yes
- No
- Sometimes
- I don=t know because I=ve never tried

NO or **SOMETIMES**, check all that apply:

- I get confused and can=t remember where I am going
- I can with driver assistance, like calling out the stops or if I sit up front and the driver tells me where to get off the bus
- I probably could with training
- Other:

22. Are there any other conditions which make riding **The BUS** difficult for you? (For example: The bus moves before I am seated) Please list as many things as you can think of:

Yes

No

(please describe them below):

23. Have you ever gotten lost when traveling alone?

No, I=ve never gotten lost

No, I never travel outside my home alone

Yes , I=ve gotten lost

Yes I=ve gotten lost, check all that apply:

I found my way back by myself

I found my way back with help from someone else

I could not find my way back

24. If you were not able to find your way back home, what did you do?

25. Could you ride the bus if you received specific training?

yes no

26. If you ever travel outside your home alone, when was the last time you did so?

27. List your three (3) most frequent destinations and how you get there now:

Destination Address How often you go there How you get there now

28. Can you read and understand the public timetables (also referred to as schedules)?

Yes

No

If No, check all that apply:

they are too complicated to understand

I have a visual impairment that inhibits my ability to read printed material

PART 4. THE ENVIRONMENT AROUND YOUR HOME

THE ENVIRONMENT AROUND YOUR HOME

1. What barriers in your surroundings make it difficult for you to use the bus? Check all that apply.

Bus Stop Barriers

- Lack of detectable landmark or physical marker for the bus stop
- Have to stand too close to moving vehicles
- Bus stop area is covered or blocked by construction, poor sidewalk, etc.

Route Barriers

- No sidewalks or well defined path of travel from my home to the closest bus stop
- Construction that has blocked part of the sidewalk or path of travel
- Very poor sidewalk -- broken, disintegrated, numerous level changes, highly irregular surfaces, etc.
- Crossing a large parking lot to arrive at the destination which has no sidewalk or reference point
- Poorly lit travel path - no street lights, etc.

Street Crossing Barriers

- Wide street with short traffic light cycle
- Intersection in which heavy traffic continues to turn into traveler=s path of travel throughout light cycle
- No signal indicating when it is safe to cross
- Crossing street where there is a posted NO PEDESTRIAN CROSSING sign
- Corners of the street are offset so it is difficult to find the desired corner after crossing
- lack of curb cuts
- steep Hills
- other: _____

2. How many steps are there to the entrance you use to your residence? _____

3. Is there a ramp for you to use? yes no

4. Can you get to a LIFT vehicle without the help of another person?

yes no

If not, why? _____

5. How would you describe the terrain where you live? (Example: steep hill, flat, long gradual hill, etc.)

PART 5. OPTIONAL INFORMATION

You are not required to complete this section of the application

The questions in this section are designed to give us a better understanding of your opinions about certain aspects of accessible fixed route bus service. Please read each question carefully and check the answer that indicates whether you agree, disagree, or are not sure.

1. Is there something that might help you to ride **The BUS**? (Check all that apply)

Yes, route and schedule information Yes, Learning to use the bus

Yes, being able to get buses with lifts Yes, a communication aid

Yes, if bus stops were closer to where I live and where I need to go

Yes, if there were sidewalks

Yes, if there were crosswalks or pedestrian signals

Yes, (describe): _____

No, None of these would help

2. We would like to understand your reasons for using **The LIFT** instead of **The BUS**. Read the following statements and check **YES** or **NO** by each of the statements that are reasons why you don't ride **The BUS**.

		<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	a. I am afraid of Crime	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. If I have packages to carry	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Price (The Bus costs less to ride)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. I cannot get on and off The Bus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e. I cannot get to and from the bus stop	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | | |
|---|----|--|---|---|
| Γ | f. | I'm not sure I can get off at the right bus stop | Γ | Γ |
| Γ | g. | Other _____ | Γ | Γ |

3. Now, go back and put a check-mark by the ONE (1) question that most influences your decision not to ride The Bus.

- | | | | | |
|-----|---|-----------------------------|--------------------------------|--------------------------------|
| 4. | The bus system is too complicated for me to figure out. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 5. | I=ve heard really good stories about The BUS from other people. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 6. | I=m not at all interested in using The BUS for my transportation. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 7. | I must have a seat on the bus, and I=m afraid I won=t get one. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 8. | Everyone on the bus will be inconvenienced since it takes me longer to get on. People will get angry. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 9. | Riding the bus makes me more vulnerable to crime. I=m afraid for my safety. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 10. | I think my neighborhood has good bus service. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 11. | I=m afraid I=ll get off at the wrong stop. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 12. | Arriving at my destination on time is not very important to me. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 13. | Lower fares on The BUS compared to The LIFT are an incentive for me to ride the bus. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 14. | Taking my trips by bus would take me too long. | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |
| 15. | I need help with the tie downs and I don=t think bus drivers | <input type="radio"/> Agree | <input type="radio"/> Disagree | <input type="radio"/> Not sure |

and I don't think bus drivers will help.

16. I'd have to get up earlier in the morning to use the bus, which would be a problem. Agree Disagree Not sure
17. Lifts on buses break often. I don't think the service is reliable. Agree Disagree Not sure
18. If the bus moves before I'm seated, I'm afraid I might fall. Agree Disagree Not sure
19. I've heard really bad stories about The BUS from other people. Agree Disagree Not sure

PART 6. APPLICANT=S CERTIFICATION

Please review the application to make sure that you have answered all of the questions to the best of your ability. Thank You!

I certify that the information provided in this application is true and correct. I understand that the purpose of this evaluation form is to determine if there are times when I cannot use **The BUS** service provided by Athens Transit System and must therefore use paratransit service on a van or sedan-type vehicle. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that, to the best of my knowledge, the information in this evaluation form is true and correct. I understand that providing false or misleading information could result in my eligibility status being re-examined.

Signature

Date

This section must be completed if the applicant was helped by another person in the completion of this application.

Name: _____ Daytime Phone: _____

Address: _____

Relationship to applicant: _____ Date: _____

INFORMATION ABOUT ACCESSIBLE BUS SERVICE

Traveling on **The BUS** is a good transportation option for people who are able to use the bus. Even if you cannot ride the bus by yourself, you may want to consider using the bus if someone is going with you. **The BUS** offers special fare incentive to persons with disabilities -- half fare all day. If you are certified to take a personal assistant on **The LIFT**, you can take someone with you on **The BUS** at no extra charge.

PART 7. MEDICAL VERIFICATION (to be completed by a licensed physician)

The Americans with Disabilities Act of 1990 (ADA) requires that Athens Transit System provide Aparatransit[≡] (i.e., van/sedan) service to anyone with a disability who cannot use standard fixed-route buses and who is traveling in an area served by Athens Transit. The applicant who has asked you to review and sign this form is applying to Athens Transit System to be considered eligible for this service. ADA van/sedan service is intended only for those trips that the person cannot make on the bus system.

This application for is intended to determine ***when and under what circumstances the applicant can use Athens-Clarke County buses and when they require van/sedan service on the LIFT.***

Please carefully review the information provided by the applicant in PARTS 2 and 3 of this form and then answer the questions below.

(a) **Please describe the physical and/or cognitive condition which functionally prevents the applicant from using standard Athens-Clarke County bus service:**

(b) **To the best of your knowledge, is the information provided by the applicant in Parts 2 and 3 of this application form true and correct?**

YES

NO (Note exceptions or additions below)

Signature: _____

Date:

Print Name and Title:

State of Georgia License #:

Business Address:

City/State: _____ Zip Code:

Telephone Number: (____) _____